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Health and health care is mainly and firstly a question and a matter of everyone in the society. Health care is based not only on a clinical health model, which means not to be ill, but it is a wider activity, which includes a health education model based mainly on primary education. Nowadays there is the question of where and how community nursing can be applied having the greatest effect; in what fields, spheres and to which extent.

From the aspect of expectations, every human being is different and it is very difficult to assume and expect a certain way of behaviour. Similarly the opinion and one's identification with the opinion and behaviour to keep health is a matter of every individual.

People behave according to the brain and they can be assumed for certain behavior. For that reason everyone decides and takes responsibility for his decisions. Such a behaviour is expected also in the field of health and a healthy life style (Kaplan, Sallis, Patterson, 1996: 450) (Pender, 1987).

There are some situations in the lives of individuals, which can neither be solved by himself nor within his family. These situations can concern his health and there is the possibility to ask questions concerning the concept of change expressed by J. A. Komenský (can, could, want):

- Does the individual know how should he live healthy?
- Is it in his powers to have a healthy life?
- Does he have enough will to live healthy and to avoid harmful substances?

1. Health and nursing

There is no doubt that health is the highest value in the life of an individual. The regulation NCSR No. 126/2006, §2, article b) and d) defines health as: "a state of complete physical and psychical and social comfort, not only non-presence of illness. It is the result of relationships between the human organism and determinants of health like environment, genetic factors, health care and way

of life". Where the way of life is defined: "as human behaviour, where the basis is the mutual effect of life conditions, personal characteristics, social factors and economic factors"¹.

Nursing, like all scientific disciplines, has its definition, which can have various forms. Every nursing theorist and every nurse association has its own definition of nursing. According to the CNA (Canadian Nurse Association) nursing is: "identification and processing answers of people to real or potential health problems and includes the own caring and supervising tasks and services, which directly or indirectly – in cooperation with the patient or people offering health care besides nurses, have the goal to increase health, illness prevention, sufferance concession, rehabilitation and an optimal development of the health potential including all aspects of the nursing process" (Kozierová, Erbová, Olivieriová, 1995: 836).

We can find some models in the nursing theory, which represent abstract layouts of complex phenomena, through which we define health, comfort and illness, and in what kind of interrelations they have. It is the clinical model (absence of injury and illness symptoms), ecological model (the relationship between people and the environment), model of role play (the ability of an individual to fulfill social tasks), adaptation model (the ability of an individual to adapt to the environment), eudemonic model (applying the own potential of an individual with the top completely developed personality) and holistic model (includes the whole being and all sides of the life style) (Hanzlíková, 2004).

The health state expresses the given state of health of an individual at a given time and includes the problem of the individual in general. The opinion to health expresses the actual belief of the individual about health, which can be based on facts, but it does not need to be (Kozierová, Erbová, Olivieriová, 1995: 836).

A healthy way of life includes activities, which are aimed at understanding the health state, keeping an optimal state of health, illness and injuries prevention and reaching the maximum physical and psychical potential. The individual healthy way of life represents the own potential for health of every individual and his own opinion to what is or is not healthy. This opinion varies and depends on many factors. The most important factors influencing the opinion about a healthy way of life includes genetic, race specialties, as well as sex, age and development, psycho-physical relationships, life style, physical environment, living standard, family, culture horizon, self-concept, support network and satisfaction from the job, also geographic location a. o. (Kozierová, Erbová, Olivieriová, 1995: 836).

Nowadays health and behaviour of an individual became inseparable terms. The generation nowadays suffers affections and illnesses caused by the wrong life

¹ Zákon NRSR č. 126/2006 o verejnom zdravotníctve.

style. That means that all health habits and the behaviour of an individual in the society play a great role in prevention. All “civilization” illnesses depend mainly on the way of alimentation, physical activity, drinking alcohol, smoking and risky behaviour leading to accidents. According to Kaplan and col. (Kaplan, Sallis, Patterson, 1996: 450) it is necessary to emphasize the behaviour study in relation to health, to increase the health of the citizens. Research and statistic findings offer information about how can the expected length of life be markedly extended mainly by creating conditions for training and other physical activity, education about unhealthy and redundant drinking of alcohol, eating healthier, have a safe intimate life and prevent accidents through a better behaviour.

Health care is defined according to the regulation NCSR No. 576/2004:² “as caring for protection, health keeping and rehabilitation. It is offered during welfare and sickness, during maternity and other states requiring health care. Health care includes ambulant as well as laying care including bath, industrial preventive, medical and medical examining activity processed by a doctor”. The law determines forms of health care: primary, secondary and sequential (tertiary) in state and non-state medical institutions. Health care is offered based on health insurance. The primary health care is basic ambulant preventive and therapeutic care including procurement to further specified ambulant and laying care, reception services, medical first-aid services and fast medical help. It is offered by doctors (physicians) for adults and youth, gynecologists, stomatologists, and other medical workers. A part of it is also the industrial preventive health care, which is secured in cooperation with the employer, and includes prevention and health protection of employees against occupational diseases and other health damage resulting from work, as well as accident prevention.

The Team Of Health Care Providers Consists Of Doctors, Nurses, Pharmacists, Dietists, Physiotherapists, Job Therapists, Social Workers And Other Specialists (Bullough, Bullough, 1990: 712).

Nursing Is Aimed At Health And Within Primary Care It Takes The Function Of Preventing Diseases And Health. It Represents A Synthesis Of Nursing Practice And Public Medical Care Aimed At Protecting And Keeping A Healthy Population (Clark, 1996: 1055).

² Zákon NRSR č.576/2004 o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti.

2. Nursing in a community

The terms community care and primary care are often used interchangeably, even though, the relationship and differences between them are present, but not obvious. This is caused mainly by the fact that primary health care is understood as care offered by a physician. However all trends nowadays are aimed at primary care viewed as a way of fulfilling the health politics in a community. That means there is a shift of care from acute institutions to community ones, where not only primary but also secondary and tertiary care and prevention became a part of community care (Kozierová, Erbová, Olivieriová, 1995: 836).

In community care not an individual but the whole community is a client. The World Health Organization defined a community as a social group determined by geographical parameters and same values and interests (Clemen-Stone, Eigisti, Mcguire, 1991: 899). The community members know each other and are in mutual interaction. Communities are often defined as geographical areas and relationships between Peoples (Hanzlíková, 2004). But that means that the community itself has common features and that are: people, social interaction, territory and basic links (Hillary, 1955, 20, 118-20).

From another point of view we can state three dimensions of a community. *People* are individuals, who met in a community and live in it. *Place* regards geographical but also time dimension (not only territorial division but also duration and persisting of individuals in a community, which can change). *Function* of a community displays in its goals and activity. From the aspect of nursing care, a community is the client but based on this concept of care the individual will not be forgot, however, in a community the problems of individuals become common ones. The concept includes a complex process of change, which should improve the situation of a community and has to display on more levels directed from the individual to the society. The society has to help individuals when deciding for a way of life that helps to keep health and adopt habits, which protect their health. Many individuals cannot change wrong or inappropriate habits and bad habits; therefore family and community supporting their change appear (Hanzlíková, 2004).

The task of nursing the community health is to precede diseases, protect, keep and support health. It is aimed not only at offering therapeutic services, but mainly at advisory, educational, managing and defendant activities. Protecting and supporting health, educating to keep and manage health, coordination and continuity of care is realized by a holistic approach towards individuals, families and communities (Hanzlíková, 2002: 176).

The tasks are gradually divided according to needs, which occur within health protection. The lowest level is supportive activity and the highest is full care.

Supportive activity is used in cases when the level of medical care and responsibility for the own health is only partial and needs correction, eventually

filling in. Supportive activity can often be used if the client has sufficient knowledge about a healthy life style, but does not have enough will to keep it.

Educational task, which fills its meaning when the client does not know how to care for his health, when he has false or insufficient knowledge or does not have basic capabilities in health care.

Full care means taking responsibility for clients, who lost independence (Hanzlíková, 2002: 176).

The job of a community nurse is very difficult and has a wide range of work environment. Only for inspiration, in Great Britain 8 specialized community nursing features arose in the fields:

- Nurse for community health (territory nurse),
- Reception nurse performing home nursing care,
- Man midwife caring for a woman before, during and after giving birth during the time of lying-in,
- Children community nurse,
- Nurse for physically and mentally handicapped people,
- School nurse,
- Nurse for health care in a job or employment (Hanzlíková, 2004).

The individual work of a community nurse requires education, which includes general preparation (Bc. Program) and specialized preparation (MA program), which does not work in Slovakia so far. The future of community care should be mainly seen in cooperation between medical, social and other workers in the area of health care (Clatworthy, 1999, Vol. 13, No. 2). All nurses who secure community care have to find out through guessing the phases of the nursing process and how is their practice determined by personal, geographical and functional dimensions of a community. Nursing practice protects and keeps the health of the population continuous through integrating abilities and knowledge from nursing and public health (HANZLÍKOVÁ, 2004).

The American Nurse Association (ANA) defines these standards of nursing in a community:

- The nurse uses theoretical knowledge when deciding in practice.
- The nurse systematically collects data, which are complete and exact.
- The nurse analyzes data, which were found in the community, family and individuals, and those determine nursing diagnosis.
- For all levels of prevention the nurse prepares plans, which specifically determine nursing activities, unique aimed at the needs of the client.
- The nurse follows a plan, whose fulfillment protects, keeps and renews health, anticipates diseases and cares for rehabilitation.

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- The nurse notices responses from the community, family and individuals, also interventions and regulations, which did better the health state, lead to fulfillment of the stated goals and based on that revises databases, diagnosis and plans.
 - The nurse attends meetings with colleagues, compares opinions to secure the development of quality in nursing practice. The nurse takes responsibility for the development of a profession and supports the professional growth of others.
 - The nurse cooperates with others, who perform health care, with professionals and representatives of a community, within approximation, planning, realizing and backup revision for programs for community health.
 - The nurse contributes to the development of theory and practice of community nursing through research (Anderson, Mcfarlane, 1998: 482).

These standards and their keeping by the nurses secure a qualitative and effective nursing care in a community.

Clients, who need nursing care, are within a community chosen based on program politics of health, which reflects the priority needs on a community and society. Those are stated based on collecting data about the health state, factors, which endanger it, through epidemic studies and political sources and goals. Every country works out a program according its needs and possibilities (Hanzlíková, 2002: 176).

There are world, state and non-state organizations taking part in building and supporting community nursing. On the world level there is WHO (World Health Organization) or SZO (World Medical Organization), which on the global level deals with the development of medical services, illness prevention and fighting diseases, to cure the environment, to educate the health cadres, develop medical research and the research activity in the area of developing medical services, and to develop and support the program. All these points are accepted and in practice realized only on the level of WHO member states. We may state some new projects of the WHO, which are concerned with programs about health care in Slovakia: INCO, COPERNICUS, CESAR, MONICA, ORATEL, LEMON, CINDY, ZDRAVE MESTA (healthy towns), Schools Supporting Health, Healthy Work Places, NEDA and Health For All in the 21st century (Hanzlíková, 2004).

The Slovak Republic as an active member of the WHO committed itself to fulfill the programs and that way some of them are realized also in Slovakia. The state medical politics in Slovakia is mainly aimed at creating conditions for a healthy nutrition of its citizens, environment protection, improving the working environment, continuing reforms of the medical system, creating conditions for a significant decrease of diseases (cardiovascular, carcinology, tuberculosis, respiratory) as well as accidents, and realizing priority medical projects. The

national program of health support, which was approved in 1995, had these concrete programs, which are up-to-date even nowadays with a small correction:

- Increasing motional activities,
- Bettering nutrition,
- Supporting non-smoking,
- Prevention against drug addiction,
- Education to responsible partnership, parentage and preventing diseases carried over by sexual intercourse, including HIV/ AIDS,
- Non-pharmacological influencing the increased blood pressure.

All activities and strategies were realized by tools to fulfill the given goal, which means permanent increasing of health of citizens in Slovakia during 2000–2010. A criterion is the increase of approximate length of life, and the minimal accession to the western model.

The stated strategies are generally aimed at creating a social climate (education through media), education and upbringing (of individuals, family, community, companies, organizations etc.), legislative arrangements, health insurance system and mainly working on primary care (Hanzlíková, 2004).

A realization spectrum of community nursing in the society of the 21st century is visible. In 1995 Slovakia adopted written regulations better the evaluated state of the citizens. After 15 years it is possible to see a result and evaluate that community nursing does not take a position in the society and health care at all, as was or is expected. In the present medical care system, which is pro-social, it is almost bewildering why there is no fully functioning community care. In this connection the question arises: “It there a problem in the insurance system, in the competences of the medical workers or the legislative?”

When defining community nursing it is obvious that it is not about an individual activity of close specialized professionals, but that a competency of work with a community is gradually being created in Slovakia, with the goal to care and help people in their natural environment.

Pielęgniarstwo i zdrowie we wspólnocie

Streszczenie

Zdrowie i opieka zdrowotna są zasadniczym problemem wszystkich ludzi w społeczeństwie. Artykuł dotyczy pracy pielęgniarki w środowisku. Zadania pielęgniarki gminy są bardzo trudne, obejmują szeroki zakres w środowisku pracy oraz są realizowane w wielu dziedzinach.

Słowa kluczowe: wspólnota, opieka zdrowotna, pielęgniarka, praca społeczna.

Summary

Health and health care is mainly and firstly a question and matter of everyone in the society. The paper deals with the work of a nurse in the community. The job of a community nurse is very difficult and has a wide range of work environment and is realized in many areas.

Keywords: community, health care, nurse, community work.

Bibliography

Anderson E.T., Mcfarlane J.M. (1998), *Community as Client*. Philadelphia, J.B. Lippincott Co.

Bullough B., Bullough V. (1990), *Nursing in the community*, St.Louis: Mosby Co.

Clark M.-J. (1996), *Nursin in the community*, 2nde ed. Stamford: Appleton and Lange.

Clemen-Stone S., Eigisti D., Mcguire S.L. (1991), *Comppehensive Famili and community health nursing*, 3rd ed. St.Louis: Mosby year Book.

Hanzlíková A, a kol. (2004), *Komunitné ošetrovatelstvo*. Martin: Osveta.

Hanzlíková A., a kol. (2002), *Úloha komunitného ošetrovatelstva v ochrane komunitného zdravia*, Bratislava: UKB

Hillary G.A. jr. (1995), *Definition of Community: areas of agreement*. "Rural sociol", No. 20.

Kaplan R.M., Sallis J-F. Jr., Patterson T.L. (1996), *Zdravie a správanie človeka*, Bratislava: SPN.

Kozierová B., Erbová G., Olivieriová R. (1995), *Ošetrovatelstvo 1*. Martin: Osveta.

Pender N.J. (1987), *Healts promotion in nursing practice*, East Norwalk (CT): Appleton and Lange.

Zákon NRSR č.576/2004 o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti.